

CHANGE OF BENEFIT USE YEAR

- The contract Purchaser should complete this form to request a change to the student beneficiary's benefit use year for the existing contract.
- Complete all sections of this form and include signature or processing will be delayed.

Change of Benefit Use Year Information

GET Contract Number _____

Current Benefit Use Year _____

New Benefit Use Year _____

Reason for Change Request _____

*Note: * Custom Monthly plans must be paid in full and Lump Sum units must be held in the account for two years prior to usage.*

Current Contract Information	Purchaser		Student	
Name (First, Middle, Last, Suffix)	_____		_____	
SSN or TIN	_____		_____	
Birth Date	_____		_____	
Street Address/Apartment Number	_____		_____	
Post Office Box Number	_____		_____	
City / State / Zip Code	_____		_____	
Email Address	_____		_____	
Telephone Number (s)	Home	Work	Home	Work

Signature - REQUIRED

Only the contract Purchaser may authorize changes to the existing contract.

I certify under penalty of perjury that I am the legal contract Purchaser and I authorize these requested changes to the Guaranteed Education Tuition Program contract indicated above.

Purchaser's Signature Date